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SELL BENEFITS, NOT FEATURES

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Finding an emotional connection with the patient offers the opportunity to move beyond a transactional interaction, says Glenn Guilfoyle

Selling features-advantages-benefits has been around since Noah came off The Ark. Most folk in retail pharmacy seem to at least be aware of this concept. But couching the benefit in a way that truly

and uniquely connects to the customer's emotional reality is a skill that few have mastered.

One of the many reasons for this sub-optimal mastery relates to the ingrained culture to speak to the patient when making a features-advantages-benefits recommendation in such a way as the words that the patient hears could easily be used for the next patient where the recommendation may also be pertinent.

In short, the translation of a largely product/service oriented benefit to a uniquely tailored patient emotional connection is far more likely when asking the right questions the right way, to invite the patient to speak freely about their most fundamental emotional drivers for considering the given product/service.



Easier said than done. This is a conversation based on trust. This translation must connect to the basic human need for that product/service at the emotional level, eg the patient wants to return to a desired state in terms of any one or combination of work, rest, play. The things they really want to do. The lifestyle motivations. Any other patient motivations, eg save money, be healthy, get rid of debilitating symptoms, etc. are just pathways to these three most utter of human endeavours.

But how? The essence of the skill required is to get the patient to translate their signs, symptoms, side effects into impacts on work, rest, play. Get the patient to really articulate and "feel" their desire to change.

Signs, symptoms, side effects are merely the implied needs of the patient. Even though 99% of the time they may not consider it so. This is their expression at the superficial level. Magic starts to happen in your ability to really emotionally connect when you can elevate the discussion to the level of explicit needs – impacts on work, rest and play.

And how much the patient would appreciate your recommendation for a solution – at this emotional level.

Let's take an example. The "common cold".

Patient (to Pharmacist): Oh, Jenny, I have got this rotten cold over the last few days.

Jenny (Pharmacist): Sure. Let's see what we can do for you. Tell me about your symptoms.

Patient: well , it started with a sore throat. Then I started coughing and feeling blocked up. Then that seems to be giving me headaches.

A more personal approach

This conversation is rooted in the medical domain and in most pharmacy scenarios would stay there. Typically, the Pharmacist would wheel into product /service / advice recommendations and may follow on with some meds counsel for taking the recommended meds.

However, this consigns the interaction to a transaction. The emotional connection is not made and additional trust is not built. Imagine if the same conversation was extended

Jenny: How is that making you feel at night when you are trying to sleep?

Patient: Oh Jenny, you are onto it. Yes, I am not sleeping well at all and then feel lousy in the morning.

Jenny: ...and then how is that effecting you during the day?

Patient: Well , I have had to take time off work, and then I feel awful about my colleagues having to pick up my slack.

Jenny: And how about the impact on your weekend and family time?

Patient: You have nailed it again. I have not been able to get onto the golf course, and when I am back home I get irritable with the kids.

Jenny: This is no good at all. How about if we could look at some things for you to take that will get you sleeping better again, so that you feel refreshed in the morning, get back to work and relieve that pressure on you, and then be able to enjoy your golf on the weekend, which will all probably make you less irritable with the kids?

Patient: Jenny that would be awesome. You are a life saver.

See the difference. Don't be lulled into thinking that the patient has the problem and will want your solution without this emotional connection and elevation of the conversation form the transactional medical domain to the emotional lifestyle domain.

They may. But this additional layer to the conversation is more likely to lead to the patient accepting additional recommendations from you in the name of a complete solution. This visit. And the next. And the next.

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